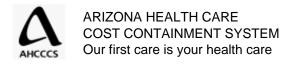
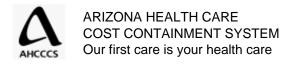


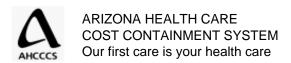
	Applicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
11100	DESCRIPTION	2008	2008	EII DAILE
	IMMUNIZATION ADMINISTRATION	2000		
	(INCLUDES PERCUTANEOUS,			
90471	INTRADERMAL, SUBCUTANEOUS,	\$20.79	\$20.79	10/1/2008
	IMMUNIZATION ADMINISTRATION			
	(INCLUDES PERCUTANEOUS,			
90472	INTRADERMAL, SUBCUTANEOUS,	\$10.44	\$8.51	10/1/2008
	IMMUNIZATION ADMINISTRATION BY			
	INTRANASAL OR ORAL ROUTE; ONE		^	
90473	VACCINE (SINGLE OR	\$13.14	\$8.55	10/1/2008
	IMMUNIZATION ADMINISTRATION BY			
90474	INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	\$8.91	¢7 20	10/1/2009
90474	INTRAVENOUS INFUSION, HYDRATION;	\$6.91	\$7.38	10/1/2008
90760	INITIAL, 31 MINUTES TO 1 HOUR	\$60.85	\$60.85	10/1/2008
90700	INTRAVENOUS INFUSION, HYDRATION;	ψ00.03	ψ00.03	10/1/2000
	EACH ADDITIONAL HOUR (LIST			
90761	SEPARATELY IN ADDITI	\$18.36	\$18.36	10/1/2008
	INTRAVENOUS INFUSION, FOR	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	
	THERAPY, PROPHYLAXIS, OR			
90765	DIAGNOSIS (SPECIFY SUBSTANCE	\$74.26	\$74.26	10/1/2008
	INTRAVENOUS INFUSION, FOR			
	THERAPY, PROPHYLAXIS, OR			
90766	DIAGNOSIS (SPECIFY SUBSTANCE	\$23.81	\$23.81	10/1/2008
	INTRAVENOUS INFUSION, FOR			
	THERAPY, PROPHYLAXIS, OR			
90767	DIAGNOSIS (SPECIFY SUBSTANCE	\$38.37	\$38.37	10/1/2008
	INTRAVENOUS INFUSION, FOR			
90768	THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$22.28	\$22.28	10/1/2008
90700	SUBCUTANEOUS INFUSION FOR	φ22.20	ΨΖΖ.ΖΟ	10/1/2008
	THERAPY OR PROPHYLAXIS (SPECIFY			
90769	SUBSTANCE OR DRUG); IN	\$159.59	\$159.59	10/1/2008
	SUBCUTANEOUS INFUSION FOR	Ţ.55.50	Ţ.00.30	10, 1,200
	THERAPY OR PROPHYLAXIS (SPECIFY			
90770	SUBSTANCE OR DRUG); EA	\$16.16	\$16.16	10/1/2008
	SUBCUTANEOUS INFUSION FOR			
	THERAPY OR PROPHYLAXIS (SPECIFY			
90771	SUBSTANCE OR DRUG); AD	\$71.52	\$71.52	10/1/2008
	THERAPEUTIC, PROPHYLACTIC OR			
	DIAGNOSTIC INJECTION (SPECIFY			
90772	SUBSTANCE OR DRUG); S	\$20.79	\$20.79	10/1/2008
	THERAPEUTIC, PROPHYLACTIC OR			
00772	DIAGNOSTIC INJECTION (SPECIFY	640.40	#40.40	40/4/0000
90773	SUBSTANCE OR DRUG); I	\$18.48	\$18.48	10/1/2008
	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY			
90774	SUBSTANCE OR DRUG); I	\$58.22	\$58.22	10/1/2008
30114	CODOTAROL OR DROOJ, I	φ30.22	φ36.22	10/1/2008



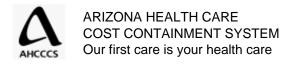
		NON FAC		
PROC	DESCRIPTION	RATE 2008	FAC RATE 2008	EFF DATE
	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY	2000		
90775	SUBSTANCE OR DRUG); E	\$25.66	\$25.66	10/1/2008
	THERAPEUTIC, PROPHYLACTIC OR			
00776	DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	BR	BR	1/1/2008
90776	PSYCHIATRIC DIAGNOSTIC INTERVIEW	DIX	DK	1/1/2006
90801	EXAMINATION	\$149.97	\$128.16	10/1/2008
	INTERACTIVE PSYCHIATRIC			
00000	DIAGNOSTIC INTERVIEW EXAMINATION	Ф4 F0 OO	Ф420 OO	40/4/0000
90802	USING PLAY EQUIPMENT, INDIVIDUAL PSYCHOTHERAPY, INSIGHT	\$158.92	\$138.28	10/1/2008
	ORIENTED, BEHAVIOR MODIFYING			
90804	AND/OR SUPPORTIVE	\$66.10	\$57.28	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT			
90805	ORIENTED, BEHAVIOR MODIFYING AND/OR	\$73.08	\$64.26	10/1/2009
90003	INDIVIDUAL PSYCHOTHERAPY, INSIGHT	φ <i>1</i> 3.06	\$64.26	10/1/2008
	ORIENTED, BEHAVIOR MODIFYING			
90806	AND/OR	\$93.60	\$87.56	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT			
90807	ORIENTED, BEHAVIOR MODIFYING AND/OR	\$103.37	\$94.94	10/1/2008
90007	INDIVIDUAL PSYCHOTHERAPY, INSIGHT	φ103.37	φ94.94	10/1/2008
	ORIENTED, BEHAVIOR MODIFYING			
90808	AND/OR	\$138.17	\$131.77	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT			
90809	ORIENTED, BEHAVIOR MODIFYING AND/OR	\$147.15	\$138.72	10/1/2008
30003	INDIVIDUAL PSYCHOTHERAPY,	Ψ147.13	Ψ130.72	10/1/2000
	INTERACTIVE, USING PLAY EQUIPMENT,			
90810	PHYSICAL DEVICES, L	\$70.22	\$62.57	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,			
90811	INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES.	\$80.81	\$69.55	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,	ψοσίο.	ψου.σο	. 0, 1,2000
	INTERACTIVE, USING PLAY EQUIPMENT,			
90812	PHYSICAL DEVICES,	\$101.72	\$92.46	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,			
90813	PHYSICAL DEVICES,	\$111.49	\$100.23	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,	ŢIO	Ţ.00. <u>2</u> 0	10, 1,2000
	INTERACTIVE, USING PLAY EQUIPMENT,			
90814	PHYSICAL DEVICES,	\$145.50	\$137.46	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,			
90815	PHYSICAL DEVICES,	\$154.49	\$143.23	10/1/2008



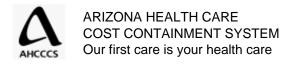
	pplicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
PROC	DESCRIPTION		2008	EFF DATE
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT	2008		
	ORIENTED, BEHAVIOR MODIFYING			
90816	AND/OR SUPPORTIVE	\$62.14	\$62.14	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT		,	
	ORIENTED, BEHAVIOR MODIFYING			
90817	AND/OR	\$68.30	\$68.30	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT			
00040	ORIENTED, BEHAVIOR MODIFYING	#00.40	#00.40	40/4/0000
90818	AND/OR	\$92.42	\$92.42	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING			
90819	AND/OR	\$98.98	\$98.98	10/1/2008
000.0	INDIVIDUAL PSYCHOTHERAPY, INSIGHT	ψου.σο	ψου.σο	. 0, 1,2000
	ORIENTED, BEHAVIOR MODIFYING			
90821	AND/OR	\$136.99	\$136.99	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INSIGHT			
	ORIENTED, BEHAVIOR MODIFYING			
90822	AND/OR	\$143.15	\$143.15	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT,			
90823	PHYSICAL DEVICES, L	\$67.04	\$67.04	10/1/2008
00020	INDIVIDUAL PSYCHOTHERAPY,	ψ07.04	ψ07.04	10/1/2000
	INTERACTIVE, USING PLAY EQUIPMENT,			
90824	PHYSICAL DEVICES,	\$74.03	\$74.03	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY EQUIPMENT,			
90826	PHYSICAL DEVICES,	\$98.54	\$98.54	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,			
90827	INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$103.49	\$103.49	10/1/2008
00027	INDIVIDUAL PSYCHOTHERAPY,	ψ100.43	ψ103.43	10/1/2000
	INTERACTIVE, USING PLAY EQUIPMENT,			
90828	PHYSICAL DEVICES,	\$142.72	\$142.72	10/1/2008
	INDIVIDUAL PSYCHOTHERAPY,			
	INTERACTIVE, USING PLAY EQUIPMENT,			
90829	PHYSICAL DEVICES,	\$147.70	\$147.70	10/1/2008
90845	PSYCHOANALYSIS	\$81.79	\$79.91	10/1/2008
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	\$86.82	\$85.29	10/1/2008
90040	FAMILY PSYCHOTHERAPY (CONJOINT	ψ00.02	ψ03.29	10/1/2000
	PSYCHOTHERAPY) (WITH PATIENT			
90847	PRESENT)	\$108.16	\$102.43	10/1/2008
	MULTIPLE-FAMILY GROUP			
90849	PSYCHOTHERAPY	\$32.60	\$29.54	10/1/2008
	GROUP PSYCHOTHERAPY (OTHER	.	.	
90853	THAN OF A MULTIPLE-FAMILY GROUP)	\$30.72	\$28.79	10/1/2008



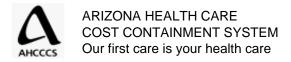
		NON FAC	E40 5 1 T =	
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
11100	BEGGIAN FIGH	2008	2008	211 27(12
90857	INTERACTIVE GROUP PSYCHOTHERAPY	\$34.56	\$30.76	10/1/2008
	PHARMACOLOGIC MANAGEMENT,			
	INCLUDING PRESCRIPTION, USE, AND			
90862	REVIEW OF MEDICATION	\$53.20	\$44.76	10/1/2008
	NARCOSYNTHESIS FOR PSYCHIATRIC			
00005	DIAGNOSTIC AND THERAPEUTIC	#450.00	#424.02	40/4/2000
90865	PURPOSES (EG, SODIUM ELECTROCONVULSIVE THERAPY	\$150.68	\$131.93	10/1/2008
90870	(INCLUDES NECESSARY MONITORING)	\$140.40	\$85.32	10/1/2008
90870	INDIVIDUAL PSYCHOPHYSIOLOGICAL	\$140.40	φου.υ2	10/1/2008
	THERAPY INCORPORATING			
90875	BIOFEEDBACK TRAINING BY	\$70.22	\$57.20	10/1/2008
00010	INDIVIDUAL PSYCHOPHYSIOLOGICAL	ψ1 0.22	ψοτ.20	10/1/2000
	THERAPY INCORPORATING			
90876	BIOFEEDBACK TRAINING BY	\$102.55	\$89.52	10/1/2008
	ENVIRONMENTAL INTERVENTION FOR			
	MEDICAL MANAGEMENT PURPOSES ON			
90882	A PSYCHIATRIC	\$150.00	\$150.00	5/1/2004
	PSYCHIATRIC EVALUATION OF			
	HOSPITAL RECORDS, OTHER			
90885	PSYCHIATRIC REPORTS,	\$45.55	\$45.55	10/1/2008
	INTERPRETATION OR EXPLANATION OF			
00007	RESULTS OF PSYCHIATRIC, OTHER	Φ 7 0.04	# 00.07	40/4/0000
90887	MEDICAL	\$79.64	\$69.67	10/1/2008
	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS.			
90889	HISTORY, TREATMENT, OR	\$64.54	\$64.54	5/1/2004
90009	END STAGE RENAL DISEASE (ESRD)	ψ04.54	ψ04.54	3/1/2004
	RELATED SERVICES PER FULL MONTH:			
90918	FOR PATIENTS UND	\$605.78	\$587.42	10/1/2008
	END STAGE RENAL DISEASE (ESRD)	4000	7551112	
	RELATED SERVICES PER FULL MONTH:			
90919	FOR PATIENTS	\$439.88	\$430.70	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES PER FULL MONTH;			
90920	FOR PATIENTS	\$383.04	\$374.25	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES PER FULL MONTH;			
90921	FOR PATIENTS	\$238.87	\$236.95	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
00000	RELATED SERVICES (LESS THAN FULL	#00.00	#40.04	40/4/0000
90922	MONTH), PER	\$20.20	\$19.81	10/1/2008
	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL			
90923	MONTH), PER	\$14.40	\$14.40	10/1/2008
30323	IVICIALITY, I LIX	\$14.40	\$14.40	10/1/2008



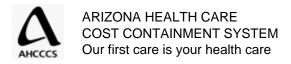
		NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
11100	BEGGIAII TIGIA	2008	2008	LIT DATE
	END STAGE RENAL DISEASE (ESRD)	2000		
	RELATED SERVICES (LESS THAN FULL			
90924	MONTH), PER	\$12.44	\$12.44	10/1/2008
	END STAGE RENAL DISEASE (ESRD)	·	·	
	RELATED SERVICES (LESS THAN FÚLL			
90925	MONTH), PER	\$8.16	\$8.16	10/1/2008
	HEMODIALYSIS PROCEDURE WITH			
90935	SINGLE PHYSICIAN EVALUATION	\$66.38	\$66.38	10/1/2008
	HEMODIALYSIS PROCEDURE			
	REQUIRING REPEATED EVALUATION(S)			
90937	WITH OR WITHOUT	\$108.82	\$108.82	10/1/2008
	HEMODIALYSIS ACCESS FLOW STUDY			
	TO DETERMINE BLOOD FLOW IN	-		
90940	GRAFTS AND ARTERIOVENO	BR	BR	1/1/2001
	DIALYSIS PROCEDURE OTHER THAN			
00045	HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRAT	ФСО Г 4	ФСО Г 4	40/4/0000
90945	· ·	\$69.51	\$69.51	10/1/2008
	DIALYSIS PROCEDURE OTHER THAN			
90947	HEMODIALYSIS (EG, PERITONEAL DIALYSIS,	\$111.14	\$111.14	10/1/2008
90947	DIALYSIS TRAINING, PATIENT,	φ111.14	φ111.14	10/1/2008
	INCLUDING HELPER WHERE			
90989	APPLICABLE, ANY MODE,	\$500.00	\$500.00	5/1/2004
0000	DIALYSIS TRAINING, PATIENT,	φοσοίσο	φοσ.σσ	0/ 1/200 1
	INCLUDING HELPER WHERE			
90993	APPLICABLE, ANY MODE, COURSE	\$20.00	\$20.00	5/1/2004
	HEMOPERFUSION (EG, WITH ACTIVATED	·	·	
90997	CHARCOAL OR RESIN)	\$87.95	\$87.95	10/1/2008
	UNLISTED DIALYSIS PROCEDURE,			
90999	INPATIENT OR OUTPATIENT	BR	BR	10/1/1982
	ESOPHAGEAL INTUBATION AND			
	COLLECTION OF WASHINGS FOR			
91000	CYTOLOGY, INCLUDING PREPARA	\$73.63	\$73.63	10/1/2008
	ESOPHAGEAL MOTILITY (MANOMETRIC			
	STUDY OF THE ESOPHAGUS AND/ OR			
91010	GASTROESOPHAGEAL	\$202.07	\$202.07	10/1/2008
	ESOPHAGEAL MOTILITY (MANOMETRIC			
04044	STUDY OF THE ESOPHAGUS AND/ OR	\$050.07	#050.07	40/4/0000
91011	GASTROESOPHAGEAL	\$259.27	\$259.27	10/1/2008
	ESOPHAGEAL MOTILITY (MANOMETRIC			
01012	STUDY OF THE ESOPHAGUS AND/ OR GASTROESOPHAGEAL	\$260.50	¢260 50	10/1/2008
91012	GASTROESOPHAGEAL GASTRIC MOTILITY (MANOMETRIC)	\$269.59	\$269.59	10/1/2008
91020	STUDIES	\$233.22	\$233.22	10/1/2008
01020	DUODENAL MOTILITY (MANOMETRIC)	ΨΖΟΟ.ΖΖ	Ψ200.22	10/1/2000
91022	STUDY (MANOMETRIC)	\$198.42	\$198.42	10/1/2008



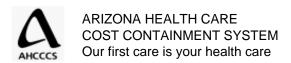
	pplicable FARS/DFARS apply.	NON EAC		
DD 00	DESCRIPTION	NON FAC	FAC RATE	EEE DATE
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	ESOPHAGUS, ACID PERFUSION	* * * * * * * * * * * * * * * * * * *	*	10/1/0000
91030	(BERNSTEIN) TEST FOR ESOPHAGITIS	\$135.70	\$135.70	10/1/2008
	ESOPHAGUS, GASTROESOPHAGEAL			
04004	REFLUX TEST; WITH NASAL CATHETER	0047.44	0047.44	40/4/0000
91034	PH ELECTRODE(S)	\$217.14	\$217.14	10/1/2008
	ESOPHAGUS, GASTROESOPHAGEAL			
91035	REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$483.90	\$483.90	10/1/2008
91033	ESOPHAGEAL FUNCTION TEST.	φ463.90	φ403.90	10/1/2008
	GASTROESOPHAGEAL REFLUX TEST			
91037	WITH NASAL CATHETER	\$160.14	\$160.14	10/1/2008
01007	ESOPHAGEAL FUNCTION TEST,	Ψ100.14	Ψ100.14	10/1/2000
	GASTROESOPHAGEAL REFLUX TEST			
91038	WITH NASAL CATHETER	\$138.83	\$138.83	10/1/2008
	ESOPHAGEAL BALLOON DISTENSION	***************************************	V 100100	
91040	PROVOCATION STUDY	\$398.46	\$398.46	10/1/2008
	GASTRIC ANALYSIS TEST WITH		·	
	INJECTION OF STIMULANT OF GASTRIC			
91052	SECRETION (EG,	\$131.81	\$131.81	10/1/2008
	GASTRIC INTUBATION, WASHINGS, AND			
	PREPARING SLIDES FOR CYTOLOGY			
91055	(SEPARATE	\$140.72	\$140.72	10/1/2008
	BREATH HYDROGEN TEST (EG, FOR			
	DETECTION OF LACTASE DEFICIENCY),			
91065	FRUCTOSE	\$61.71	\$61.71	10/1/2008
04400	INTESTINAL BLEEDING TUBE, PASSAGE,	* 404.00	054.04	40/4/0000
91100	POSITIONING AND MONITORING	\$134.32	\$51.31	10/1/2008
	GASTRIC INTUBATION, AND ASPIRATION			
01105	OR LAVAGE FOR TREATMENT (EG, FOR INGESTED	POC 24	¢47.40	40/4/2008
91105		\$86.34	\$17.10	10/1/2008
	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE			
91110	ENDOSCOPY), ESOPHAGUS	\$951.08	\$951.08	10/1/2008
31110	RECTAL SENSATION, TONE, AND	ψ951.00	ψ951.00	10/1/2000
	COMPLIANCE TEST (IE, RESPONSE TO			
91120	GRADED BALLOON	\$417.56	\$417.56	10/1/2008
91122	ANORECTAL MANOMETRY	\$248.68	\$248.68	10/1/2008
	PULSED IRRIGATION OF FECAL	,	*	
91123	IMPACTION	BR	BR	1/1/2002
	ELECTROGASTROGRAPHY,			
91132	DIAGNOSTIC, TRANSCUTANEOUS;	BR	BR	1/1/2001
	ELECTROGASTROGRAPHY,			
	DIAGNOSTIC, TRANSCUTANEOUS; WITH			
91133	PROVOCATIVE TESTING	BR	BR	1/1/2001
	UNLISTED DIAGNOSTIC			
91299	GASTROENTEROLOGY PROCEDURE	BR	BR	10/1/1982



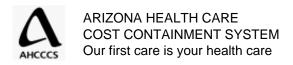
	рріїсавіе FARS/DFARS арріу.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
PROC	DESCRIPTION		2008	EFF DATE
	OTOLARYNGOLOGIC EXAMINATION	2008		
92502	UNDER GENERAL ANESTHESIA	\$92.66	\$92.66	10/1/2009
92502	BINOCULAR MICROSCOPY (SEPARATE	\$92.00	\$92.00	10/1/2008
92504	DIAGNOSTIC PROCEDURE)	\$27.70	\$9.34	10/1/2008
92304	NASOPHARYNGOSCOPY WITH	φ21.10	φ9.54	10/1/2008
92511	ENDOSCOPE (SEPARATE PROCEDURE)	\$153.31	\$57.67	10/1/2008
92311	NASAL FUNCTION STUDIES (EG.	ψ100.01	ψ37.07	10/1/2000
92512	RHINOMANOMETRY)	\$60.49	\$26.44	10/1/2008
02012	FACIAL NERVE FUNCTION STUDIES (EG,	φοσ. το	Ψ20.11	10/1/2000
92516	ELECTRONEURONOGRAPHY)	\$61.55	\$22.16	10/1/2008
020.0	LARYNGEAL FUNCTION STUDIES (IE.	ψοσο	4 0	. 0, ., _ 000
	AERODYNAMIC TESTING AND ACOUSTIC			
92520	TESTING)	\$54.53	\$38.84	10/1/2008
	TREATMENT OF SWALLOWING	·	,	
	DYSFUNCTION AND/OR ORAL FUNCTION			
92526	FOR FEEDING	\$83.44	\$26.44	10/1/2008
	SPONTANEOUS NYSTAGMUS,			
92531	INCLUDING GAZE	\$16.30	\$16.30	5/1/2004
92532	POSITIONAL NYSTAGMUS TEST	\$20.00	\$20.00	5/1/2004
	CALORIC VESTIBULAR TEST, EACH			
	IRRIGATION (BINAURAL, BITHERMAL			
92533	STIMULATION	\$13.23	\$13.23	5/1/2004
92534	OPTOKINETIC NYSTAGMUS TEST	\$61.80	\$61.80	5/1/2004
	SPONTANEOUS NYSTAGMUS TEST,			
	INCLUDING GAZE AND FIXATION			
92541	NYSTAGMUS, WITH RECORDIN	\$56.88	\$56.88	10/1/2008
	POSITIONAL NYSTAGMUS TEST,			
	MINIMUM OF 4 POSITIONS, WITH			
92542	RECORDING	\$59.16	\$59.16	10/1/2008
	CALORIC VESTIBULAR TEST, EACH			
	IRRIGATION (BINAURAL, BITHERMAL	*	*	
92543	STIMULATION	\$27.58	\$27.58	10/1/2008
	OPTOKINETIC NYSTAGMUS TEST,			
00544	BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION,	¢47.00	#47.00	40/4/0000
92544	•	\$47.23	\$47.23	10/1/2008
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$43.39	\$43.39	10/1/2008
92545	SINUSOIDAL VERTICAL AXIS	Ф43.39	Ф43.39	10/1/2006
92546	ROTATIONAL TESTING	\$83.99	\$83.99	10/1/2008
92340	USE OF VERTICAL ELECTRODES (LIST	ψ03.99	ψ03.99	10/1/2000
	SEPARATELY IN ADDITION TO CODE			
92547	FOR PRIMARY	\$5.65	\$5.65	10/1/2008
	COMPUTERIZED DYNAMIC	ψ0.00	ψ0.00	10/1/2000
92548	POSTUROGRAPHY	\$98.51	\$98.51	10/1/2008
		400.01	400.01	10, 1,2000
	EVALUATION OF ORAL AND			
92610	PHARYNGEAL SWALLOWING FUNCTION	\$101.25	\$101.25	10/1/2008



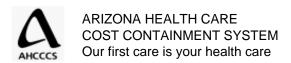
		NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
		2008	2008	
	MOTION FLUOROSCOPIC EVALUATION			
	OF SWALLOWING FUNCTION BY CINE			
92611	OR VIDEO RECORDING	\$105.84	\$105.84	10/1/2008
	FLEXIBLE FIBEROPTIC ENDOSCOPIC			
	EVALUATION OF SWALLOWING BY CINE			
92612	OR VIDEO	\$154.80	\$66.06	10/1/2008
	FLEXIBLE FIBEROPTIC ENDOSCOPIC			
00040	EVALUATION OF SWALLOWING BY CINE	#00.00	COO 44	40/4/0000
92613	OR VIDEO	\$38.80	\$38.41	10/1/2008
	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY			
92614	TESTING BY CINE OR	\$139.50	\$66.06	10/1/2008
32014	FLEXIBLE FIBEROPTIC ENDOSCOPIC	ψ100.00	ψ00.00	10/1/2000
	EVALUATION, LARYNGEAL SENSORY			
92615	TESTING BY CINE OR	\$34.13	\$34.13	10/1/2008
	FLEXIBLE FIBEROPTIC ENDOSCOPIC			
	EVALUATION OF SWALLOWING AND			
92616	LARYNGEAL SENSORY	\$192.77	\$97.92	10/1/2008
	FLEXIBLE FIBEROPTIC ENDOSCOPIC			
	EVALUATION OF SWALLOWING AND			
92617	LARYNGEAL SENSORY	\$42.68	\$42.68	10/1/2008
00700	UNLISTED OTORHINOLARYNGOLOGICAL	DD	DD	4 /4 /0000
92700	SERVICE OR PROCEDURE CARDIOPULMONARY RESUSCITATION	BR	BR	1/1/2003
92950	(EG, IN CARDIAC ARREST)	\$283.59	\$174.57	10/1/2008
32330	TEMPORARY TRANSCUTANEOUS	Ψ203.33	ψ174.57	10/1/2000
92953	PACING	\$11.26	\$11.26	10/1/2008
	CARDIOVERSION, ELECTIVE,	* -	* -	
	ELECTRICAL CONVERSION OF			
92960	ARRHYTHMIA; EXTERNAL	\$284.49	\$130.36	10/1/2008
	CARDIOVERSION, ELECTIVE,			
	ELECTRICAL CONVERSION OF			
92961	ARRHYTHMIA; INTERNAL	\$255.58	\$255.58	10/1/2008
00070	CARDIOASSIST-METHOD OF	4.75 00	0.475 00	40/4/0000
92970	CIRCULATORY ASSIST; INTERNAL	\$175.28	\$175.28	10/1/2008
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	\$100.51	\$100.51	10/1/2008
92971	PERCUTANEOUS TRANSLUMINAL	\$100.51	\$100.51	10/1/2008
	CORONARY THROMBECTOMY (LIST			
92973	SEPARATELY IN ADDITION TO	\$179.95	\$179.95	10/1/2008
	TRANSCATHETER PLACEMENT OF	,	Ç. 1. 2. 3 0	5, 1, 200
	RADIATION DELIVERY DEVICE FOR			
92974	SUBSEQUENT CORONARY	\$164.84	\$164.84	10/1/2008
	THROMBOLYSIS, CORONARY; BY			
	INTRACORONARY INFUSION, INCLUDING			
92975	SELECTIVE CORONARY	\$396.02	\$396.02	10/1/2008



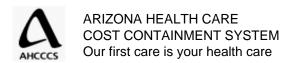
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE 2008	2008	EFF DATE
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$203.92	\$203.92	10/1/2008
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$278.87	\$278.87	4/1/2006
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	\$169.79	\$169.79	4/1/2006
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$820.96	\$820.96	10/1/2008
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR	\$228.04	\$228.04	10/1/2008
92982	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$608.80	\$608.80	10/1/2008
92984	PERCUTANEOUS TRANSLUMINAL CORONARY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	\$162.88	\$162.88	10/1/2008
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,359.46	\$1,359.46	10/1/2008
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,408.58	\$1,408.58	10/1/2008
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$1,074.46	\$1,074.46	10/1/2008
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND	BR	BR	1/1/1994
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	BR	BR	1/1/1994
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY MECHANICAL OR OTHER METHOD,	\$669.69	\$660.60	10/1/2008
32333	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, BY	φ003.09	\$669.69	10/1/2008
92996	MECHANICAL OR OTHER METHOD, PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON	\$174.02	\$174.02	10/1/2008
92997	ANGIOPLASTY; SINGLE VESSEL PERCUTANEOUS TRANSLUMINAL	\$628.22	\$628.22	10/1/2008
92998	PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$316.47	\$316.47	10/1/2008



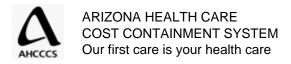
reserved. A	pplicable FARS/DFARS apply.	NON EAC		
DDOO	DECODIDATION	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
	ELECTROCAPPICOPANA POLITIME FOO	2008		
	ELECTROCARDIOGRAM, ROUTINE ECG			
02000	WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND R	¢22.07	\$23.07	10/1/2009
93000		\$23.07	\$23.07	10/1/2008
	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING			
93005	ONLY, WITHOUT	\$14.51	\$14.51	10/1/2008
55005	ELECTROCARDIOGRAM, ROUTINE ECG	Ψ14.51	ψ14.51	10/1/2000
	WITH AT LEAST 12 LEADS;			
93010	INTERPRETATION AND	\$8.55	\$8.55	10/1/2008
00010	TELEPHONIC TRANSMISSION OF POST-	ψο.σσ	ψ0.00	10/1/2000
	SYMPTOM ELECTROCARDIOGRAM			
93012	RHYTHM STRIP(S),	\$201.29	\$201.29	10/1/2008
	TELEPHONIC TRANSMISSION OF POST-	*	4 207120	10/1/2000
	SYMPTOM ELECTROCARDIOGRAM			
93014	RHYTHM STRIP(S),	\$26.79	\$26.79	10/1/2008
	CARDIOVASCULAR STRESS TEST USING			
	MAXIMAL OR SUBMAXIMAL TREADMILL			
93015	OR BICYCLE	\$105.25	\$105.25	10/1/2008
	CARDIOVASCULAR STRESS TEST USING			
	MAXIMAL OR SUBMAXIMAL TREADMILL			
93016	OR BICYCLE	\$24.09	\$24.09	10/1/2008
	CARDIOVASCULAR STRESS TEST USING			
	MAXIMAL OR SUBMAXIMAL TREADMILL			
93017	OR BICYCLE	\$65.63	\$65.63	10/1/2008
	CARDIOVASCULAR STRESS TEST USING			
	MAXIMAL OR SUBMAXIMAL TREADMILL			
93018	OR BICYCLE	\$15.53		10/1/2008
93024	ERGONOVINE PROVOCATION TEST	\$120.55	\$120.55	10/1/2008
	MICROVOLT T-WAVE ALTERNANS FOR			
00005	ASSESSMENT OF VENTRICULAR	* 054.74	0054.74	40/4/0000
93025	ARRHYTHMIAS	\$251.74	\$251.74	10/1/2008
02040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	¢42.00	¢42.00	40/4/0000
93040		\$13.89	\$13.89	10/1/2008
	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT			
93041	INTERPRETATION AND REPORT	\$6.12	\$6.12	10/1/2008
93041	RHYTHM ECG. ONE TO THREE LEADS:	φ0.12	φ0.12	10/1/2008
93042	INTERPRETATION AND REPORT ONLY	\$7.77	\$7.77	10/1/2008
5004 <u>Z</u>	ELECTROCARDIOGRAPHIC MONITORING	Ψι.ιι	Ψι.ιι	10/1/2000
	FOR 24 HOURS BY CONTINUOUS			
93224	ORIGINAL ECG	\$140.44	\$140.44	10/1/2008
-	ELECTROCARDIOGRAPHIC MONITORING		, , , , , ,	2 300
	FOR 24 HOURS BY CONTINUOUS			
93225	ORIGINAL ECG	\$43.11	\$43.11	10/1/2008
	ELECTROCARDIOGRAPHIC MONITORING	•		
	FOR 24 HOURS BY CONTINUOUS			
93226	ORIGINAL ECG	\$69.79	\$69.79	10/1/2008



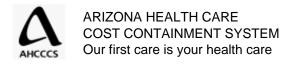
Reserved. A	Applicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$27.58	\$27.58	10/1/2008
93230	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$146.17	\$146.17	10/1/2008
93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$46.88	\$46.88	10/1/2008
93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$72.46	\$72.46	10/1/2008
93233	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG	\$26.79	\$26.79	10/1/2008
93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$128.42	\$128.42	4/1/2006
93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$104.54	\$104.54	4/1/2006
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED	\$23.69	\$23.69	10/1/2008
93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$281.16	\$281.16	10/1/2008
93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$32.01	\$32.01	10/1/2008
93271	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$222.71	\$222.71	10/1/2008
93272	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP,	\$26.44	\$26.44	10/1/2008
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$48.61	\$48.61	10/1/2008
02202	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	фооо оо	фооо оо	40/4/0000
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC	\$223.29	\$223.29	10/1/2008
93304	ANOMALIES; FOLLOW-UP OR	\$133.54	\$133.54	10/1/2008



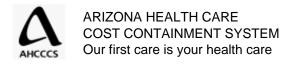
		NON FAC	E40 B4TE	
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
		2008	2008	
	ECHOCARDIOGRAPHY,			
	TRANSTHORACIC, REAL-TIME WITH			
93307	IMAGE DOCUMENTATION (2D) WITH	\$193.17	\$193.17	10/1/2008
	ECHOCARDIOGRAPHY,			
00000	TRANSTHORACIC, REAL-TIME WITH	#44400	# 444.00	40/4/0000
93308	IMAGE DOCUMENTATION (2D) WITH ECHOCARDIOGRAPHY.	\$114.98	\$114.98	10/1/2008
	TRANSESOPHAGEAL, REAL TIME WITH			
93312	IMAGE DOCUMENTATION (2D)	\$318.43	\$318.43	10/1/2008
000.2	ECHOCARDIOGRAPHY,	ψο.σσ	ψο (οι (ο	. 67 . 7 2 6 6 6
	TRANSESOPHAGEAL, REAL TIME WITH			
93313	IMAGE DOCUMENTATION (2D)	\$41.66	\$41.66	10/1/2008
	ECHOCARDIOGRAPHY,			
00044	TRANSESOPHAGEAL, REAL TIME WITH	4 4 :=	65-4 :-	4011105
93314	IMAGE DOCUMENTATION (2D)	\$274.45	\$274.45	10/1/2008
	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR			
	CONGENITAL CARDIAC ANOMALIES;			
93315	INCLUDING	\$305.69	\$305.69	4/1/2006
	TRANSESOPHAGEAL			
	ECHOCARDIOGRAPHY FOR			
	CONGENITAL CARDIAC ANOMALIES;			
93316	PLACEMENT OF	\$44.37	\$44.37	10/1/2008
	TRANSESOPHAGEAL			
	ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES:			
93317	IMAGE	\$252.98	\$252.98	4/1/2006
00011	ECHOCARDIOGRAPHY,	Ψ202.00	Ψ202.00	17 172000
	TRANSESOPHAGEAL (TEE) FOR			
93318	MONITORING PURPOSES, INCLUDING	BR	BR	1/1/2001
	DOPPLER ECHOCARDIOGRAPHY,			
	PULSED WAVE AND/OR CONTINUOUS			
93320	WAVE WITH SPECTRAL	\$85.40	\$85.40	10/1/2008
	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS			
93321	WAVE WITH SPECTRAL	\$42.45	\$42.45	10/1/2008
33321	DOPPLER ECHOCARDIOGRAPHY COLOR	ψτ2.τ0	ψτ2.τ0	10/1/2000
	FLOW VELOCITY MAPPING (LIST			
93325	SEPARATELY IN	\$79.28	\$79.28	10/1/2008
	ECHOCARDIOGRAPHY,			
	TRANSTHORACIC, REAL-TIME WITH			
93350	IMAGE DOCUMENTATION (2D), WITH RIGHT HEART CATHETERIZATION	\$199.52		10/1/2008
93501	INSERTION AND PLACEMENT OF FLOW	\$857.05	\$857.05	10/1/2008
	DIRECTED CATHETER (EG, SWAN-GANZ)			
93503	FOR	\$107.76	\$107.76	10/1/2008
93505	ENDOMYOCARDIAL BIOPSY	\$637.99		10/1/2008



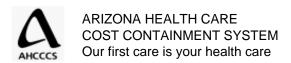
	NON FAC	540 DATE	
DESCRIPTION			EFF DATE
]		2008	
CATHETER PLACEMENT IN CORONARY			
ARTERY(S), ARTERIAL CORONARY			
CONDUIT(S), AND/OR V	\$1,011.10	\$1,011.10	10/1/2008
LEFT HEART CATHETERIZATION,			
RETROGRADE, FROM THE BRACHIAL			
	\$1,535.05	\$1,535.05	10/1/2008
•			
	*	*	
	\$1,743.31	\$1,743.31	4/1/2006
	Φ4 0.4 7 0.0	Φ4 0.4 7 0.0	4/4/0000
	\$1,847.36	\$1,847.36	4/1/2006
	\$2 203 71	\$2 203 7 1	4/1/2006
	Ψ2,200.7 1	ΨΖ,230.7 1	4/1/2000
CATHETERIZATION AND RETROGRADE			
LEFT HEART CATHETERIZATION	\$1,982.70	\$1,982.70	10/1/2008
COMBINED RIGHT HEART			
CATHETERIZATION AND TRANSSEPTAL			
LEFT HEART CATHETERIZATION	\$2,312.70	\$2,312.70	4/1/2006
COMBINED RIGHT HEART			
CATHETERIZATION WITH LEFT			
VENTRICULAR PUNCTURE (WITH OR			
	\$2,409.41	\$2,409.41	4/1/2006
	#0.470.00	ФО 4 7 0 00	4/4/0000
	\$2,172.32	\$2,172.32	4/1/2006
	\$92 <i>4</i> 37	\$92 <i>4</i> 37	4/1/2006
	ψ924.37	ψ924.57	4/1/2000
	\$2.418.38	\$2.418.38	4/1/2006
COMBINED RIGHT HEART	, , , , , , ,	÷ ,::2:30	
CATHETERIZATION AND TRANSSEPTAL			
LEFT HEART CATHETERIZATION	\$2,473.58	\$2,473.58	4/1/2006
COMBINED RIGHT HEART			
CATHETERIZATION AND TRANSSEPTAL			
LEFT HEART CATHETERIZATION	\$2,258.45	\$2,258.45	4/1/2006
INJECTION PROCEDURE DURING			
_ , _		.	
	\$64.22	\$21.38	10/1/2008
•	¢402.00	#00.04	10/4/2000
	φ183.20	\$22.91	10/1/2008
CARDIAC CATHETERIZATION; FOR			
	ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEART CATHETERIZATION THROUGH EXIS RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INJECTION PROCEDURE DURING	DESCRIPTION CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL ARTERY, AXILLARY ARTER LEFT HEART CATHETERIZATION BY LEFT VENTRICULAR PUNCTURE COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR PUNCTURE (WITH OR WIT COMBINED RIGHT HEART CATHETERIZATION THROUGH EXIS RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES \$2,473.32 RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION \$2,418.38 COMBINED RIGHT HEART CATHETERIZATION SPORE SELECTIVE OPACIFICATION INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION INJECTION PROCEDURE DURING	DESCRIPTION NON FAC RATE 2008



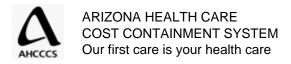
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DDOC	DECODIDATION		FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	INJECTION PROCEDURE DURING			
00540	CARDIAC CATHETERIZATION; FOR	# 444.00	\$45.50	40/4/0000
93542	SELECTIVE RIGHT VENTRICU	\$111.92	\$15.53	10/1/2008
	INJECTION PROCEDURE DURING			
93543	CARDIAC CATHETERIZATION; FOR SELECTIVE LEFT VENTRICUL	\$62.96	\$15.53	10/1/2008
93043	INJECTION PROCEDURE DURING	φ02.90	\$10.00	10/1/2006
	CARDIAC CATHETERIZATION; FOR			
93544	AORTOGRAPHY	\$46.09	\$13.57	10/1/2008
00011	INJECTION PROCEDURE DURING	ψ10.00	ψ10.07	10/1/2000
	CARDIAC CATHETERIZATION; FOR			
93545	SELECTIVE CORONARY	\$129.22	\$21.38	10/1/2008
	IMAGING SUPERVISION.	·	·	
	INTERPRETATION AND REPORT FOR			
93555	INJECTION PROCEDURE(S)	\$178.77	\$178.77	10/1/2008
	IMAGING SUPERVISION,			
	INTERPRETATION AND REPORT FOR			
93556	INJECTION PROCEDURE(S)	\$260.76	\$260.76	10/1/2008
	INDICATOR DILUTION STUDIES SUCH AS			
	DYE OR THERMAL DILUTION, INCLUDING			
93561	ARTERIAL	\$47.75	\$47.75	4/1/2006
	INDICATOR DILUTION STUDIES SUCH AS			
	DYE OR THERMAL DILUTION, INCLUDING	•	•	
93562	ARTERIAL	\$22.00	\$22.00	4/1/2006
	INTRAVASCULAR DOPPLER VELOCITY			
00574	AND/OR PRESSURE DERIVED	#077.74	#077 74	4/4/0000
93571	CORONARY FLOW RESERVE	\$277.74	\$277.74	4/1/2006
	INTRAVASCULAR DOPPLER VELOCITY			
93572	AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE	\$165.39	\$165.39	4/1/2006
93372	PERCUTANEOUS TRANSCATHETER	φ100.39	\$100.39	4/1/2000
	CLOSURE OF CONGENITAL			
93580	INTERATRIAL COMMUNICATION (IE,	\$987.80	\$987.80	10/1/2008
00000	PERCUTANEOUS TRANSCATHETER	ψουσσ	ψουσο	10/1/2000
	CLOSURE OF A CONGENITAL			
93581	VENTRICULAR SEPTAL DEFECT	\$1,306.66	\$1,306.66	10/1/2008
93600	BUNDLE OF HIS RECORDING	\$196.98	\$196.98	4/1/2006
93602	INTRA-ATRIAL RECORDING	\$162.62	\$162.62	4/1/2006
93603	RIGHT VENTRICULAR RECORDING	\$185.70		4/1/2006
	INTRAVENTRICULAR AND/OR INTRA-			
	ATRIAL MAPPING OF TACHYCARDIA			
93609	SITE(S) WITH	\$386.49	\$386.49	4/1/2006
93610	INTRA-ATRIAL PACING	\$222.59	\$222.59	4/1/2006
93612	INTRAVENTRICULAR PACING	\$233.17	\$233.17	4/1/2006
	INTRACARDIAC ELECTROPHYSIOLOGIC			
	3-DIMENSIONAL MAPPING (LIST	4		
93613	SEPARATELY IN	\$383.19	\$383.19	10/1/2008



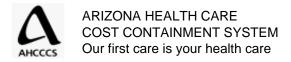
		NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
	BEGGIAN FIGH	2008	2008	21. 27.12
	ESOPHAGEAL RECORDING OF ATRIAL			
	ELECTROGRAM WITH OR WITHOUT			
93615	VENTRICULAR	\$61.72	\$61.72	4/1/2006
	ESOPHAGEAL RECORDING OF ATRIAL			
00040	ELECTROGRAM WITH OR WITHOUT	# 00.05	400.05	4/4/0000
93616	VENTRICULAR INDUCTION OF ARRHYTHMIA BY	\$89.05	\$89.05	4/1/2006
93618	ELECTRICAL PACING	\$394.97	\$394.97	4/1/2006
33010	COMPREHENSIVE	ψ554.57	ψ334.37	4/1/2000
	ELECTROPHYSIOLOGIC EVALUATION			
	WITH RIGHT ATRIAL PACING AND			
93619	RECORDI	\$726.89	\$726.89	4/1/2006
	COMPREHENSIVE			
	ELECTROPHYSIOLOGIC EVALUATION			
00000	INCLUDING INSERTION AND	#4 400 00	#4.400.00	4/4/0000
93620	REPOSITIONIN COMPREHENSIVE	\$1,123.29	\$1,123.29	4/1/2006
	ELECTROPHYSIOLOGIC EVALUATION			
93621	INCLUDING INSERTION AND	\$868.92	\$868.92	4/1/2006
	COMPREHENSIVE	,	*	
	ELECTROPHYSIOLOGIC EVALUATION			
93622	INCLUDING INSERTION AND	\$870.68	\$870.68	4/1/2006
	PROGRAMMED STIMULATION AND			
00000	PACING AFTER INTRAVENOUS DRUG	# 400.00	# 400.00	4/4/0000
93623	INFUSION (LIST	\$188.88	\$188.88	4/1/2006
	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING			
93624	TO TEST EFFECTIVENE	\$358.06	\$358.06	4/1/2006
	INTRA-OPERATIVE EPICARDIAL AND	,	*****	
	ENDOCARDIAL PACING AND MAPPING			
93631	TO LOCALIZE THE	\$689.22	\$689.22	4/1/2006
	ELECTROPHYSIOLOGIC EVALUATION OF			
00040	SINGLE OR DUAL CHAMBER PACING	0.404.40	0.404.40	4/4/0000
93640	CARDIOVERTER-DEFI	\$481.19	\$481.19	4/1/2006
	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING			
93641	CARDIOVERTER-DEFI	\$615.50	\$615.50	4/1/2006
	ELECTROPHYSIOLOGIC EVALUATION OF	, , , , , ,	*	
	SINGLE OR DUAL CHAMBER PACING			
93642	CARDIOVERTER-DEFI	\$510.14	\$510.14	10/1/2008
	INTRACARDIAC CATHETER ABLATION			
00050	OF ATRIOVENTRICULAR NODE	# 505.44	# 505.44	40/4/0000
93650	FUNCTION, ATRIOVENTRICUL INTRACARDIAC CATHETER ABLATION	\$585.11	\$585.11	10/1/2008
	OF ARRHYTHMOGENIC FOCUS: FOR			
93651	TREATMENT OF SUPRAVE	\$886.28	\$886.28	10/1/2008



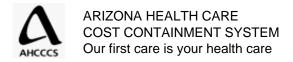
1.000.100.7.	pplicable FARS/DFARS apply.	NON EAC		
DDOO	DECODIDATION	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	INTRACARDIAC CATHETER ABLATION			
	OF ARRHYTHMOGENIC FOCUS; FOR			
93652	TREATMENT OF VENTRIC	\$965.36	\$965.36	10/1/2008
	EVALUATION OF CARDIOVASCULAR			
	FUNCTION WITH TILT TABLE		4	10/1/0000
93660	EVALUATION, WITH CONTINUOU	\$171.71	\$171.71	10/1/2008
	INTRACARDIAC ECHOCARDIOGRAPHY			
00000	DURING THERAPEUTIC/DIAGNOSTIC	#040.00	#040.00	4/4/0000
93662	INTERVENTION,	\$310.90	\$310.90	4/1/2006
00704	BIOIMPEDANCE, THORACIC,	#20.70	#20.70	40/4/0000
93701	PLETHYSMOGRAPHY, TOTAL BODY;	\$38.76	\$38.76	10/1/2008
02720	WITH INTERPRETATION AND REPORT	\$45.55	\$45.55	10/1/2009
93720		ֆ45.55	ֆ4 5.55	10/1/2008
	PLETHYSMOGRAPHY, TOTAL BODY; TRACING ONLY, WITHOUT			
93721	INTERPRETATION AND REPORT	\$37.39	\$37.39	10/1/2008
93721	PLETHYSMOGRAPHY, TOTAL BODY;	φ37.39	φ37.39	10/1/2008
93722	INTERPRETATION AND REPORT ONLY	\$8.16	\$8.16	10/1/2008
55122	ELECTRONIC ANALYSIS OF	ψ0.10	ψ0.10	10/1/2000
	ANTITACHYCARDIA PACEMAKER			
93724	SYSTEM (INCLUDES	\$357.03	\$357.03	10/1/2008
00721	ELECTRONIC ANALYSIS OF	ψοστ.σσ	φονσο	10/1/2000
	IMPLANTABLE LOOP RECORDER (ILR)			
93727	SYSTEM (INCLUDES	\$34.84	\$34.84	10/1/2008
	ELECTRONIC ANALYSIS OF DUAL-	·	,	
	CHAMBER PACEMAKER SYSTEM			
93731	(INCLUDES EVALUATION OF	\$45.07	\$45.07	10/1/2008
	ELECTRONIC ANALYSIS OF DUAL-			
	CHAMBER PACEMAKER SYSTEM			
93732	(INCLUDES EVALUATION OF	\$72.97	\$72.97	10/1/2008
	ELECTRONIC ANALYSIS OF DUAL			
	CHAMBER INTERNAL PACEMAKER			
93733	SYSTEM (MAY INCLUDE	\$41.35	\$41.35	10/1/2008
	ELECTRONIC ANALYSIS OF SINGLE			
	CHAMBER PACEMAKER SYSTEM			
93734	(INCLUDES EVALUATION OF	\$36.99	\$36.99	10/1/2008
	ELECTRONIC ANALYSIS OF SINGLE			
	CHAMBER PACEMAKER SYSTEM			
93735	(INCLUDES EVALUATION OF	\$59.83	\$59.83	10/1/2008
	ELECTRONIC ANALYSIS OF SINGLE			
00700	CHAMBER INTERNAL PACEMAKER	#07.00	407.00	40/4/0000
93736	SYSTEM (MAY INCLUDE	\$37.90	\$37.90	10/1/2008
93740	TEMPERATURE GRADIENT STUDIES	\$10.44	\$10.44	10/1/2008
	ELECTRONIC ANALYSIS OF PACING			
02744	CARDIOVERTER-DEFIBRILLATOR (INCLUDES	¢67.04	#67.04	10/4/2022
93741	(INOLUDES	\$67.91	\$67.91	10/1/2008



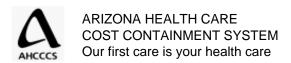
oplicable FARS/DFARS apply.	NON EAC		
DECODIDATION		FAC RATE	
DESCRIPTION		2008	EFF DATE
	2008		
ELECTRONIC ANALYSIS OF PACING			
CARDIOVERTER-DEFIBRILLATOR			
(INCLUDES	\$75.63	\$75.63	10/1/2008
ELECTRONIC ANALYSIS OF PACING			
CARDIOVERTER-DEFIBRILLATOR			
(INCLUDES	\$82.66	\$82.66	10/1/2008
ELECTRONIC ANALYSIS OF PACING			
CARDIOVERTER-DEFIBRILLATOR			
(INCLUDES	\$90.78	\$90.78	10/1/2008
INITIAL SET-UP AND PROGRAMMING BY	,	,	
A PHYSICIAN OF WEARABLE	BR	BR	1/1/2005
			5/1/2004
,			5/1/2004
-	φου. 10	φου. 10	0/1/2001
	\$8.12	\$8 1 2	10/1/2008
	ψ0.12	ψ0.12	10/1/2000
-	¢10 E0	¢0.60	10/1/2009
	\$10.52	ф9.09	10/1/2008
-	<u></u>	Ф4.4. 7 Г	40/4/0000
	\$27.38	\$14.75	10/1/2008
	DD	DD	40/4/4000
	DK	DK	10/1/1982
•	0405.47	0405.47	40/4/0000
	\$105.17	\$105.17	10/1/2008
-	0404 70	0404 70	40/4/0000
	\$181.79	\$181.79	10/1/2008
*			
	\$169.39	\$169.39	10/1/2008
THE INTRACRANIAL ARTERIES;			
COMPLETE STUDY	\$198.89	\$198.89	10/1/2008
TRANSCRANIAL DOPPLER STUDY OF			
THE INTRACRANIAL ARTERIES; LIMITED			
STUDY	\$92.50	\$92.50	10/1/2008
TRANSCRANIAL DOPPLER STUDY OF			
THE INTRACRANIAL ARTERIES;			
VASOREACTIVITY STUDY	\$146.64	\$146.64	10/1/2008
TRANSCRANIAL DOPPLER STUDY OF			
THE INTRACRANIAL ARTERIES; EMBOLI			
DETECTION	\$152.88	\$152.88	10/1/2008
TRANSCRANIAL DOPPLER STUDY OF			
THE INTRACRANIAL ARTERIES; EMBOLI			
	CARDIOVERTER-DEFIBRILLATOR (INCLUDES) ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES) ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES) INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE THERMOGRAM; CEPHALIC THERMOGRAM; PERIPHERAL DETERMINATION OF VENOUS PRESSURE PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO) DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$75.63 ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$82.66 ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$890.78 INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE BR THERMOGRAM; CEPHALIC \$69.69 THERMOGRAM; PERIPHERAL \$83.49 DETERMINATION OF VENOUS PRESSURE \$8.12 PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG \$18.52 PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG \$27.38 UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE BR NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO \$105.17 DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY \$181.79 DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY \$169.39 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY \$198.89 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY \$92.50 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY \$146.64 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY \$146.64 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION \$152.88	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$75.63 \$75.63 ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$82.66 \$82.66 ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES \$90.78 \$90.78 INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE BR BR BR THERMOGRAM; CEPHALIC \$69.69 \$69.69 THERMOGRAM; CEPHALIC \$69.69 \$69.69 THERMOGRAM; PERIPHERAL \$83.49 \$83.49 DETERMINATION OF VENOUS PRESSURE \$8.12 \$8.12 PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG \$18.52 \$9.69 PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG \$27.38 \$14.75 UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE BR BR NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY \$105.17 DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY \$169.39 \$169.39 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY \$198.89 \$198.89 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY \$92.50 \$92.50 TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY \$146.64 \$146.64 TRANSCRANIAL ARTERIES; EMBOLI DETECTION \$152.88 \$152.88



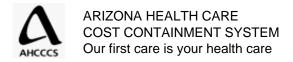
	Applicable FARS/DFARS apply.	NON FAC		
DDOC	DESCRIPTION		FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	NONINVASIVE PHYSIOLOGIC STUDIES			
00000	OF UPPER OR LOWER EXTREMITY	#405.00	# 405.00	40/4/0000
93922	ARTERIES, SINGLE LEV	\$125.06	\$125.06	10/1/2008
	NON-INVASIVE PHYSIOLOGIC STUDIES			
00000	OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE	¢404.04	C404 C4	40/4/0000
93923		\$191.64	\$191.64	10/1/2008
	NON-INVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT			
93924	REST AND	\$233.30	\$233.30	10/1/2008
93924	DUPLEX SCAN OF LOWER EXTREMITY	φ233.30	φ233.30	10/1/2008
	ARTERIES OR ARTERIAL BYPASS			
93925	GRAFTS; COMPLETE	\$180.30	\$180.30	10/1/2008
00020	DUPLEX SCAN OF LOWER EXTREMITY	ψ100.30	ψ100.30	10/1/2000
	ARTERIES OR ARTERIAL BYPASS			
93926	GRAFTS; UNILATERAL	\$115.61	\$115.61	10/1/2008
00020	DUPLEX SCAN OF UPPER EXTREMITY	ψ110.01	ψ110.01	10/1/2000
	ARTERIES OR ARTERIAL BYPASS			
93930	GRAFTS: COMPLETE	\$174.77	\$174.77	10/1/2008
	DUPLEX SCAN OF UPPER EXTREMITY	*	*	
	ARTERIES OR ARTERIAL BYPASS			
93931	GRAFTS; UNILATERAL	\$111.69	\$111.69	10/1/2008
	NON-INVASIVE PHYSIOLOGIC STUDIES		·	
	OF EXTREMITY VEINS, COMPLETE			
93965	BILATERAL STUDY (E	\$128.24	\$128.24	10/1/2008
	DUPLEX SCAN OF EXTREMITY VEINS			
	INCLUDING RESPONSES TO			
93970	COMPRESSION AND OTHER	\$185.99	\$185.99	10/1/2008
	DUPLEX SCAN OF EXTREMITY VEINS			
	INCLUDING RESPONSES TO			
93971	COMPRESSION AND OTHER	\$118.67	\$118.67	10/1/2008
	DUPLEX SCAN OF ARTERIAL INFLOW			
	AND VENOUS OUTFLOW OF		_	
93975	ABDOMINAL, PELVIC, AND/OR R	\$242.36	\$242.36	10/1/2008
	DUPLEX SCAN OF ARTERIAL INFLOW			
	AND VENOUS OUTFLOW OF			
93976	ABDOMINAL, PELVIC, SCROTAL	\$211.29	\$211.29	10/1/2008
	DUPLEX SCAN OF AORTA, INFERIOR			
00070	VENA CAVA, ILIAC VASCULATURE, OR	***	0.5.5	4011100
93978	BYPASS GRAFTS;	\$184.81	\$184.81	10/1/2008
	DUPLEX SCAN OF AORTA, INFERIOR			
00070	VENA CAVA, ILIAC VASCULATURE, OR	# 440.55	0440.55	40/4/0000
93979	BYPASS GRAFTS;	\$118.28	\$118.28	10/1/2008
	DUPLEX SCAN OF ARTERIAL INFLOW			
02000	AND VENOUS OUTFLOW OF PENILE VESSELS: COMPLETE	6470.44	¢470.44	40/4/0000
93980	VESSELS; COMPLETE	\$179.44	\$179.44	10/1/2008



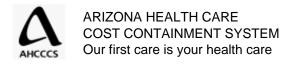
	pplicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
PROC	DESCRIPTION		2008	EFF DATE
	DUPLEX SCAN OF ARTERIAL INFLOW	2008		
	AND VENOUS OUTFLOW OF PENILE			
93981	VESSELS; FOLLOW-UP	\$136.79	\$136.79	10/1/2008
	DUPLEX SCAN OF HEMODIALYSIS	***************************************	***************************************	10111=000
	ACCESS (INCLUDING ARTERIAL INFLOW,			
93990	BODY OF ACCESS AN	\$108.98	\$108.98	10/1/2008
	VENTILATION ASSIST AND			
	MANAGEMENT, INITIATION OF			
94002	PRESSURE OR VOLUME PRESET VENTI	\$84.97	\$84.97	10/1/2008
	VENTILATION ASSIST AND			
	MANAGEMENT, INITIATION OF	*		
94003	PRESSURE OR VOLUME PRESET VENTI	\$61.90	\$61.90	10/1/2008
	VENTILATION ASSIST AND			
94004	MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$44.80	\$44.80	10/1/2008
94004	HOME VENTILATOR MANAGEMENT	φ44.0U	φ44.6U	10/1/2006
	CARE PLAN OVERSIGHT OF A PATIENT			
94005	(PATIENT NOT PRESENT	\$80.77	\$80.77	10/1/2008
	SPIROMETRY. INCLUDING GRAPHIC	*	*	
	RECORD, TOTAL AND TIMED VITAL			
94010	CAPACITY, EXPIRATORY	\$34.13	\$34.13	10/1/2008
	PATIENT-INITIATED SPIROMETRIC			
	RECORDING PER 30-DAY PERIOD OF		•	
94014	TIME; INCLUDES	\$49.00	\$49.00	10/1/2008
	PATIENT-INITIATED SPIROMETRIC			
94015	RECORDING PER 30-DAY PERIOD OF TIME; RECORDING	\$24.48	\$24.48	10/1/2008
94015	PATIENT-INITIATED SPIROMETRIC	φ 24.4 0	φ 24.4 0	10/1/2006
	RECORDING PER 30-DAY PERIOD OF			
94016	TIME; PHYSICIAN	\$24.52	\$24.52	10/1/2008
	BRONCHODILATION RESPONSIVENESS,	* -	, -	
94060	SPIROMETRY AS IN 94010, PRE- AND	\$58.69	\$58.69	10/1/2008
	BRONCHOSPASM PROVOCATION			
	EVALUATION, MULTIPLE SPIROMETRIC			
94070	DETERMINATIONS AS IN	\$59.98	\$59.98	10/1/2008
0.4450	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	¢04.0₹	#04.07	40/4/0000
94150	/	\$21.07	\$21.07	10/1/2008
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$22.99	\$22.99	10/1/2008
	FUNCTIONAL RESIDUAL CAPACITY OR	Ψ22.00	Ψ22.00	. 37 172300
	RESIDUAL VOLUME: HELIUM METHOD,			
94240	NITROGEN OPEN	\$39.54	\$39.54	10/1/2008
	EXPIRED GAS COLLECTION,			
	QUANTITATIVE, SINGLE PROCEDURE			
94250	(SEPARATE PROCEDURE)	\$26.83	\$26.83	10/1/2008
94260	THORACIC GAS VOLUME	\$31.38	\$31.38	10/1/2008



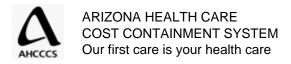
	pplicable FARS/DFARS apply.	NON FAC		
DDOC	DESCRIPTION		FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	DETERMINATION OF MALDISTRIBUTION			
	OF INSPIRED GAS: MULTIPLE BREATH	.	.	
94350	NITROGEN	\$37.27	\$37.27	10/1/2008
	DETERMINATION OF RESISTANCE TO			
	AIRFLOW, OSCILLATORY OR			
94360	PLETHYSMOGRAPHIC METHODS	\$42.96	\$42.96	10/1/2008
	DETERMINATION OF AIRWAY CLOSING			
94370	VOLUME, SINGLE BREATH TESTS	\$35.39	\$35.39	10/1/2008
94375	RESPIRATORY FLOW VOLUME LOOP	\$36.95	\$36.95	10/1/2008
	BREATHING RESPONSE TO CO2 (CO2			
94400	RESPONSE CURVE)	\$53.00	\$53.00	10/1/2008
	BREATHING RESPONSE TO HYPOXIA			
94450	(HYPOXIA RESPONSE CURVE)	\$50.37	\$50.37	10/1/2008
	HIGH ALTITUDE SIMULATION TEST			
	(HAST), WITH PHYSICIAN			
94452	INTERPRETATION AND REPORT;	\$55.67	\$55.67	10/1/2008
	HIGH ALTITUDE SIMULATION TEST			
	(HAST), WITH PHYSICIAN			
94453	INTERPRETATION AND REPORT;	\$76.38	\$76.38	10/1/2008
	INTRAPULMONARY SURFACTANT			
	ADMINISTRATION BY A PHYSICIAN			
94610	THROUGH ENDOTRACHEAL TUB	\$62.57	\$62.57	10/1/2008
	PULMONARY STRESS TESTING; SIMPLE			
	(EG, 6-MINUTE WALK TEST,			
94620	PROLONGED EXERCISE TES	\$89.48	\$89.48	10/1/2008
	PULMONARY STRESS TESTING;			
	COMPLEX (INCLUDING MEASUREMENTS			
94621	OF CO2 PRODUCTION, O2	\$157.82	\$157.82	10/1/2008
	PRESSURIZED OR NONPRESSURIZED			
	INHALATION TREATMENT FOR ACUTE		•	
94640	AIRWAY OBSTRUCTION	\$13.73	\$13.73	10/1/2008
	AEROSOL INHALATION OF PENTAMIDINE			
	FOR PNEUMOCYSTIS CARINII			
94642	PNEUMONIA TREATMENT	BR	BR	1/1/1991
	CONTINUOUS INHALATION TREATMENT			
	WITH AEROSOL MEDICATION FOR			
94644	ACUTE AIRWAY OBSTRUC	\$37.46	\$37.46	10/1/2008
	CONTINUOUS INHALATION TREATMENT			
	WITH AEROSOL MEDICATION FOR			
94645	ACUTE AIRWAY OBSTRUC	\$14.12	\$14.12	10/1/2008
	CONTINUOUS POSITIVE AIRWAY			
	PRESSURE VENTILATION (CPAP),			
94660	INITIATION AND	\$55.67	\$35.78	10/1/2008
	CONTINUOUS NEGATIVE PRESSURE			
	VENTILATION (CNP), INITIATION AND			
94662	MANAGEMENT	\$35.42	\$35.42	10/1/2008



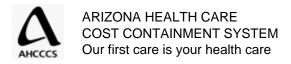
		NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE 2008	EFF DATE
		2008	2000	
	DEMONSTRATION AND/OR EVALUATION			
0.400.4	OF PATIENT UTILIZATION OF AN	045.00	0.4.5.00	40/4/0000
94664	AEROSOL GENERATOR,	\$15.22	\$15.22	10/1/2008
	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND			
94667	VIBRATION TO	\$22.13	\$22.13	10/1/2008
0.00.	MANIPULATION CHEST WALL, SUCH AS	\$	Ψ=1.10	. 0, 1,2000
	CUPPING, PERCUSSING, AND			
94668	VIBRATION TO	\$19.10	\$19.10	10/1/2008
	OXYGEN UPTAKE, EXPIRED GAS			
	ANALYSIS; REST AND EXERCISE,			
94680	DIRECT, SIMPLE	\$67.44	\$67.44	10/1/2008
	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT,			
94681	PERCENTAGE OXYGEN	\$80.30	\$80.30	10/1/2008
0 100 1	OXYGEN UPTAKE, EXPIRED GAS	φου.σο	ψου.σο	10/1/2000
	ANALYSIS; REST, INDIRECT (SEPARATE			
94690	PROCEDURE)	\$62.34	\$62.34	10/1/2008
	CARBON MONOXIDE DIFFUSING			
	CAPACITY (EG, SINGLE BREATH,			
94720	STEADY STATE)	\$52.92	\$52.92	10/1/2008
94725	MEMBRANE DIFFUSION CAPACITY PULMONARY COMPLIANCE STUDY (EG.	\$87.99	\$87.99	10/1/2008
	PLETHYSMOGRAPHY, VOLUME AND			
94750	PRESSURE	\$68.97	\$68.97	10/1/2008
	NONINVASIVE EAR OR PULSE	, , , ,	, , , ,	
	OXIMETRY FOR OXYGEN SATURATION;			
94760	SINGLE DETERMINATION	\$2.63	\$2.63	10/1/2008
	NONINVASIVE EAR OR PULSE			
0.4704	OXIMETRY FOR OXYGEN SATURATION; MULTIPLE	фг. ог.	фг. ог.	40/4/0000
94761	NONINVASIVE EAR OR PULSE	\$5.65	\$5.65	10/1/2008
	OXIMETRY FOR OXYGEN SATURATION;			
94762	BY CONTINUOUS	\$28.91	\$28.91	10/1/2008
	CARBON DIOXIDE, EXPIRED GAS			
	DETERMINATION BY INFRARED			
94770	ANALYZER	\$37.86	\$37.86	10/1/2008
	CIRCADIAN RESPIRATORY PATTERN			
0.4770	RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	BR	DD	4/4/4000
94772	PEDIATRIC HOME APNEA MONITORING	BR	BR	1/1/1992
	EVENT RECORDING INCLUDING			
94774	RESPIRATORY RATE, PATT	BR	BR	1/1/2007
	PEDIATRIC HOME APNEA MONITORING			
	EVENT RECORDING INCLUDING			
94775	RESPIRATORY RATE, PATT	\$62.85	\$62.85	1/1/2007



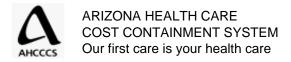
7.0007704.7	pplicable FARS/DFARS apply.	NON EAC		
DDOO	DECODIDATION	NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008		
	PEDIATRIC HOME APNEA MONITORING			
	EVENT RECORDING INCLUDING			
94776	RESPIRATORY RATE, PATT	\$62.85	\$62.85	1/1/2007
	PEDIATRIC HOME APNEA MONITORING			
0.4777	EVENT RECORDING INCLUDING	D.D.		4 /4 /0007
94777	RESPIRATORY RATE, PATT UNLISTED PULMONARY SERVICE OR	BR	BR	1/1/2007
94799	PROCEDURE	BR	BR	10/1/1982
94799	AMBULATORY CONTINUOUS GLUCOSE	DK	DIX	10/1/1902
	MONITORING OF INTERSTITIAL TISSUE			
95250	FLUID VIA A SUBC	\$145.70	\$145.70	10/1/2008
00200	AMBULATORY CONTINUOUS GLUCOSE	ψ1 10.7 σ	ψ110.70	10/1/2000
	MONITORING OF INTERSTITIAL TISSUE			
95251	FLUID VIA A SUBC	\$38.56	\$38.56	10/1/2008
	PSYCHOLOGICAL TESTING (INCLUDES		·	
	PSYCHODIAGNOSTIC ASSESSMENT OF			
96101	EMOTIONALITY, INT	\$85.29	\$84.54	10/1/2008
	PSYCHOLOGICAL TESTING (INCLUDES			
	PSYCHODIAGNOSTIC ASSESSMENT OF			
96102	EMOTIONALITY, INT	\$51.27	\$22.60	10/1/2008
	PSYCHOLOGICAL TESTING (INCLUDES			
	PSYCHODIAGNOSTIC ASSESSMENT OF	***	*	40/4/0000
96103	EMOTIONALITY, INT	\$39.82	\$23.73	10/1/2008
	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND			
96105	RECEPTIVE SPEECH	\$72.03	\$72.03	10/1/2008
90103	DEVELOPMENTAL TESTING; LIMITED	\$12.03	\$12.03	10/1/2008
	(EG, DEVELOPMENTAL SCREENING			
96110	TEST II, EARLY	\$13.49	\$13.49	10/1/2008
	DEVELOPMENTAL TESTING; EXTENDED	Ţ.c.i.c	410110	10, 1, 2000
	(INCLUDES ASSESSMENT OF MOTOR,			
96111	LANGUAGE,	\$129.73	\$127.42	10/1/2008
	NEUROBEHAVIORAL STATUS EXAM			
	(CLINICAL ASSESSMENT OF THINKING,			
96116	REASONING AND JUDG	\$96.94	\$90.82	10/1/2008
	NEUROPSYCHOLOGICAL TESTING (EG,			
	HALSTEAD-REITAN			
	NEUROPSYCHOLOGICAL BATTERY,		.	
96118	WECH	\$113.41	\$89.29	10/1/2008
	NEUROPSYCHOLOGICAL TESTING (EG,			
	HALSTEAD-REITAN			
96119	NEUROPSYCHOLOGICAL BATTERY, WECH	\$74.03	\$30.80	10/1/2000
30113	NEUROPSYCHOLOGICAL TESTING (EG,	φ <i>14</i> .03	და 0.80	10/1/2008
	WISCONSIN CARD SORTING TEST),			
96120	ADMINISTERED BY A	\$64.65	\$23.34	10/1/2008
55120		ψυτ.υυ	Ψ20.04	10/1/2000



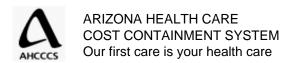
Reserved. P	Reserved. Applicable FARS/DFARS apply.				
		NON FAC	FAC RATE		
PROC	DESCRIPTION	RATE		EFF DATE	
		2008	2008		
	HEALTH AND BEHAVIOR ASSESSMENT	2000			
	(EG, HEALTH-FOCUSED CLINICAL				
96150	INTERVIEW, BEHAVIORA	\$22.99	\$22.60	10/1/2008	
30130	HEALTH AND BEHAVIOR ASSESSMENT	ΨΖΖ.55	ΨΖΖ.00	10/1/2000	
	(EG, HEALTH-FOCUSED CLINICAL				
96151	INTERVIEW,	\$22.20	\$21.81	10/1/2008	
90131	HEALTH AND BEHAVIOR INTERVENTION.	Ψ22.20	Ψ21.01	10/1/2000	
	EACH 15 MINUTES, FACE-TO-FACE;				
96152	INDIVIDUAL	\$21.42	\$21.03	10/1/2008	
90132		ΦΖ1.4 Ζ	φ21.03	10/1/2006	
	HEALTH AND BEHAVIOR INTERVENTION,				
00450	EACH 15 MINUTES, FACE-TO-FACE;	Ф Г 00	¢4.07	40/4/0000	
96153	GROUP (2 OR	\$5.06	\$4.67	10/1/2008	
	HEALTH AND BEHAVIOR INTERVENTION,				
00454	EACH 15 MINUTES, FACE-TO-FACE;	# 04.00	# 00.00	40/4/0000	
96154	FAMILY (WITH	\$21.03	\$20.63	10/1/2008	
	HEALTH AND BEHAVIOR INTERVENTION,				
	EACH 15 MINUTES, FACE-TO-FACE;	*		40/4/0000	
96155	FAMILY	\$21.38	\$21.38	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION,				
	SUBCUTANEOUS OR INTRAMUSCULAR;				
96401	NON-HORMONAL ANTI-NE	\$65.20	\$65.20	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION,				
	SUBCUTANEOUS OR INTRAMUSCULAR;				
96402	HORMONAL ANTI-NEOPLA	\$41.07	\$41.07	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION;				
	INTRALESIONAL, UP TO AND INCLUDING				
96405	7 LESIONS	\$136.21	\$28.32	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION;				
96406	INTRALESIONAL, MORE THAN 7 LESIONS	\$155.15	\$40.41	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION;				
	INTRAVENOUS, PUSH TECHNIQUE,				
96409	SINGLE OR INITIAL SUBS	\$119.85	\$119.85	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION;				
	INTRAVENOUS, PUSH TECHNIQUE,				
96411	EACH ADDITIONAL SUBSTA	\$68.53	\$68.53	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION,				
	INTRAVENOUS INFUSION TECHNIQUE;				
96413	UP TO 1 HOUR, SINGL	\$162.29	\$162.29	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION,				
	INTRAVENOUS INFUSION TECHNIQUE;				
96415	EACH ADDITIONAL HOU	\$36.41	\$36.41	10/1/2008	
	CHEMOTHERAPY ADMINISTRATION,				
	INTRAVENOUS INFUSION TECHNIQUE;				
96416	INITIATION OF PROLO	\$175.98	\$175.98	10/1/2008	



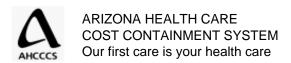
	pplicable FARS/DFARS apply.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
PROC	DESCRIPTION		2008	EFF DATE
		2008		
	CHEMOTHERAPY ADMINISTRATION,			
	INTRAVENOUS INFUSION TECHNIQUE;			
96417	EACH ADDITIONAL SEQ	\$80.03	\$80.03	10/1/2008
	CHEMOTHERAPY ADMINISTRATION,			
96420	INTRA-ARTERIAL; PUSH TECHNIQUE	\$112.86	\$112.86	10/1/2008
	CHEMOTHERAPY ADMINISTRATION,			
	INTRA-ARTERIAL; INFUSION		.	
96422	TECHNIQUE, UP TO ONE HOUR	\$187.05	\$187.05	10/1/2008
	CHEMOTHERAPY ADMINISTRATION,			
00400	INTRA-ARTERIAL; INFUSION	# 00.04	# 00.04	40/4/0000
96423	TECHNIQUE, EACH ADDITIONAL	\$80.81	\$80.81	10/1/2008
	CHEMOTHERAPY ADMINISTRATION,			
00405	INTRA-ARTERIAL; INFUSION	# 400.00	# 400.00	40/4/0000
96425	TECHNIQUE, INITIATION OF	\$183.63	\$183.63	10/1/2008
	CHEMOTHERAPY ADMINISTRATION INTO			
00440	PLEURAL CAVITY, REQUIRING AND	#240.05	# 420.20	40/4/0000
96440	INCLUDING	\$349.85	\$130.32	10/1/2008
	CHEMOTHERAPY ADMINISTRATION INTO			
00445	PERITONEAL CAVITY, REQUIRING AND	# 220.07	#400.40	40/4/0000
96445	INCLUDING	\$338.67	\$122.16	10/1/2008
	CHEMOTHERAPY ADMINISTRATION,			
06450	INTO CNS (EG, INTRATHECAL), REQUIRING AND	\$284.61	\$96.82	10/1/2009
96450	REFILLING AND MAINTENANCE OF	φ204.01	\$90.02	10/1/2008
96521	PORTABLE PUMP	\$141.62	\$141.62	10/1/2008
90321	REFILLING AND MAINTENANCE OF	\$141.02	φ141.02	10/1/2008
	IMPLANTABLE PUMP OR RESERVOIR			
96522	FOR DRUG DELIVERY, SY	\$112.90	\$112.90	10/1/2008
30322	IRRIGATION OF IMPLANTED VENOUS	Ψ112.50	Ψ112.50	10/1/2000
	ACCESS DEVICE FOR DRUG DELIVERY			
96523	SYSTEMS	\$27.58	\$27.58	10/1/2008
00020	CHEMOTHERAPY INJECTION,	Ψ27.00	Ψ27.00	10/1/2000
	SUBARACHNOID OR			
	INTRAVENTRICULAR VIA			
96542	SUBCUTANEOUS	\$177.63	\$47.19	10/1/2008
000 .2	UNLISTED CHEMOTHERAPY	ψσ	ψσ	. 0, ., 2000
96549	PROCEDURE	BR	BR	10/1/1982
	PHOTODYNAMIC THERAPY BY	5.,	2	5, .,
	EXTERNAL APPLICATION OF LIGHT TO			
96567	DESTROY PREMALIGNANT AN	\$110.47	\$110.47	10/1/2008
	PHOTODYNAMIC THERAPY BY			
	ENDOSCOPIC APPLICATION OF LIGHT			
96570	TO ABLATE ABNORMAL	\$56.61	\$56.61	10/1/2008
	PHOTODYNAMIC THERAPY BY	-		
	ENDOSCOPIC APPLICATION OF LIGHT			
96571	TO ABLATE ABNORMAL	\$27.19	\$27.19	10/1/2008



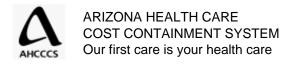
Noscived. 7	Reserved. Applicable FARS/DFARS apply.					
PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE		
		2000				
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$19.85	\$19.85	10/1/2008		
	WHOLE BODY INTEGUMENTARY					
	PHOTOGRAPHY, FOR MONITORING OF					
96904	HIGH RISK PATIENTS WITH	\$73.05	\$73.05	10/1/2008		
	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN					
96910	TREATMENT) OR PETROLATUM	\$58.84	\$58.84	10/1/2008		
30310	PHOTOCHEMOTHERAPY; PSORALENS	ψ30.04	ψ50.04	10/1/2000		
96912	AND ULTRAVIOLET A (PUVA)	\$75.28	\$75.28	10/1/2008		
	PHOTOCHEMOTHERAPY (GOECKERMAN		,			
	AND/OR PUVA) FOR SEVERE					
96913	PHOTORESPONSIVE	\$101.96	\$101.96	10/1/2008		
	LASER TREATMENT FOR					
	INFLAMMATORY SKIN DISEASE	*	0 04 - 0	4.0.44.40.000		
96920	(PSORIASIS); TOTAL AREA LESS THAN	\$157.39	\$61.79	10/1/2008		
	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE					
96921	(PSORIASIS); 250 SQ CM TO 500 SQ	\$155.11	\$62.18	10/1/2008		
00021	LASER TREATMENT FOR	Ψ100.11	ψ02.10	10/1/2000		
	INFLAMMATORY SKIN DISEASE					
96922	(PSORIASIS); OVER 500 SQ CM	\$229.34	\$105.80	10/1/2008		
	UNLISTED SPECIAL DERMATOLOGICAL					
96999	SERVICE OR PROCEDURE	BR	BR	10/1/1982		
	OSTEOPATHIC MANIPULATIVE					
00005	TREATMENT (OMT); ONE TO TWO BODY	ФО 7 ОО	#04.00	40/4/2000		
98925	REGIONS INVOLVED OSTEOPATHIC MANIPULATIVE	\$27.89	\$21.38	10/1/2008		
	TREATMENT (OMT); THREE TO FOUR					
98926	BODY REGIONS INVOLVED	\$38.37	\$31.50	10/1/2008		
	OSTEOPATHIC MANIPULATIVE		,			
	TREATMENT (OMT); FIVE TO SIX BODY					
98927	REGIONS INVOLVED	\$49.66	\$41.27	10/1/2008		
	OSTEOPATHIC MANIPULATIVE					
00000	TREATMENT (OMT); SEVEN TO EIGHT	#50.00	# 40.04	40/4/0000		
98928	BODY REGIONS INVOLVED	\$58.22	\$48.64	10/1/2008		
	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY					
98929	REGIONS INVOLVED	\$66.73	\$55.67	10/1/2008		
	CHIROPRATIC MANIPULATIVE	ψ00.7 O	ψοσ.σ7	10, 1,2000		
	TREATMENT (CMT) SPINAL, ONE TO					
98940	TWO REGIONS	\$24.48	\$20.63	10/1/2008		
	CHIROPRACTIC MANIPULATIVE					
	TREATMENT (CMT); SPINAL, THREE TO					
98941	FOUR REGIONS	\$33.82	\$29.23	10/1/2008		



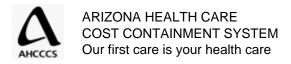
	ĺ	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
]	2008	2008	2 5,2
	CHIROPRACTIC MANIPULATIVE			
	TREATMENT (CMT); SPINAL, FIVE			
98942	REGIONS	\$44.33	\$39.74	10/1/2008
	CHIROPRACTIC MANIPULATIVE			
00040	TREATMENT (CMT); EXTRASPINAL, ONE	# 00.40	# 40.07	40/4/0000
98943	OR MORE REGIONS	\$22.13	\$19.07	10/1/2008
	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2			
99601	HOURS)	BR	BR	1/1/2004
	HOME INFUSION/SPECIALTY DRUG			
	ADMINISTRATION, PER VISIT (UP TO 2			
99602	HOURS) EACH	BR	BR	1/1/2004
	ADMINISTRATION OF INFLUENZA VIRUS	.	.	_,,,_
G0008	VACCINE ADMINISTRATION OF PAIGUMOCOCCAL	\$8.08	\$8.08	5/1/2004
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$8.08	\$8.08	5/1/2004
G0009	ADMINISTRATION OF HEPATITIS B	φδ.06	φο.υο	3/1/2004
G0010	VACCINE	\$8.08	\$8.08	5/1/2004
	EXTERNAL COUNTERPULSATION, PER			
G0166	TREATMENT SESSION	\$157.23	\$157.23	10/1/2008
	UNSCHEDULED OR EMERGENCY			
00057	DIALYSIS TREATMENT FOR AN ESRD	#050.40	\$050.40	5 /4 /000 A
G0257	PATIENT IN A HOSPITAL	\$252.16	\$252.16	5/1/2004
	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL			
G0269	ACCESS SITE,	BR	BR	1/1/2003
	RENAL ARTERY ANGIOGRAPHY			
	(UNILATERAL OR BILATERAL)			
G0275	PERFORMED AT THE TIME OF	\$13.57	\$13.57	10/1/2008
	ILIAC ARTERY ANGIOGRAPHY			
C0070	PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	¢40.57	¢40.57	10/1/2009
G0278	TRANSCATHETER PLACEMENT OF A	\$13.57	\$13.57	10/1/2008
	DRUG ELUTING INTRACORONARY			
G0290	STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
	TRANSCATHETER PLACEMENT OF A			
	DRUG ELUTING INTRACORONARY			
G0291	STENT(S), PERCUTANEOUS,	BR	BR	7/1/2003
	END STAGE RENAL DISEASE (ESRD)			
C0208	RELATED SERVICES DURING THE	\$70E CO	¢705 00	10/1/0000
G0308	COURSE OF TREATMENT, END STAGE RENAL DISEASE (ESRD)	\$725.63	\$725.63	10/1/2008
	RELATED SERVICES DURING THE			
G0309	COURSE OF TREATMENT	\$594.96	\$594.96	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES DURING THE			
G0310	COURSE OF TREATMENT,	\$465.89	\$465.89	10/1/2008



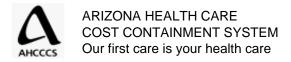
Neserveu. F	Applicable FARS/DFARS apply.	INONEAC		
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE	2008	EFF DATE
		2008	2000	
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES DURING THE			
G0311	COURSE OF TREATMENT,	\$506.65	\$506.65	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES DURING THE			
G0312	COURSE OF TREATMENT,	\$417.36	\$417.36	10/1/2008
	END STAGE RENAL DISEASE (ESRD)	·	·	
	RELATED SERVICES DURING THE			
G0313	COURSE OF TREATMENT,	\$327.72	\$327.72	10/1/2008
	END STAGE RENAL DISEASE (ESRD)	7021112	*	
	RELATED SERVICES, DURING THE			
G0314	COURSE OF	\$445.06	\$445.06	10/1/2008
00014	END STAGE RENAL DISEASE (ESRD)	φ++0.00	φ++0.00	10/1/2000
	RELATED SERVICES DURING THE			
G0315	COURSE OF TREATMENT,	\$366.29	\$366.29	10/1/2008
00313	END STAGE RENAL DISEASE (ESRD)	ψ300.29	ψ300.29	10/1/2000
	RELATED SERVICES DURING THE			
G0316	COURSE OF TREATMENT,	\$284.89	\$284.89	10/1/2008
90310		\$204.09	\$204.09	10/1/2008
	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE			
00047	COURSE OF TREATMENT,	¢070.00	¢070.00	40/4/0000
G0317	•	\$279.90	\$279.90	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
00040	RELATED SERVICES DURING THE	¢220_40	COOO 40	40/4/0000
G0318	COURSE OF TREATMENT,	\$229.49	\$229.49	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
00040	RELATED SERVICES DURING THE	0.170.10	0.470.40	40/4/0000
G0319	COURSE OF TREATMENT,	\$179.48	\$179.48	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME		_	
G0320	DIALYSIS PATIENTS PER	\$567.02	\$567.02	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME			
G0321	DIALYSIS PATIENTS PER	\$403.59	\$403.59	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME			
G0322	DIALYSIS PATIENTS PER	\$349.85	\$349.85	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME			
G0323	DIALYSIS PATIENTS PER	\$218.78	\$218.78	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME			
G0324	DIALYSIS (LESS THAN	\$20.16	\$20.16	10/1/2008
	END STAGE RENAL DISEASE (ESRD)			
	RELATED SERVICES FOR HOME			
G0325	DIALYSIS (LESS THAN	\$12.04	\$12.04	10/1/2008
		-		



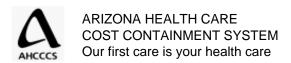
Reserved. A	Applicable FARS/DFARS apply.			
		NON FAC	FAC RATE	
PROC	DESCRIPTION	RATE		EFF DATE
	2 2 3 3 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2008	2008	
	END STAGE RENAL DISEASE (ESRD)	2000		
	RELATED SERVICES FOR HOME			
G0326	DIALYSIS (LESS THAN	\$14.00	\$14.00	10/1/2008
00020	END STAGE RENAL DISEASE (ESRD)	ψσσ	ψσ	10/1/2000
	RELATED SERVICES FOR HOME			
G0327	DIALYSIS (LESS THAN	\$7.77	\$7.77	10/1/2008
	VESSEL MAPPING OF VESSELS FOR	*****	*****	
	HEMODIALYSIS ACCESS (SERVICES FOR			
G0365	PREOPERATIVE	\$164.37	\$164.37	10/1/2008
-	TRANSLUMINAL BALLOON	ψ.σ.i.σ.	ψ.σ.ισ.	.0/./2000
	ANGIOPLASTY, PERCUTANEOUS: FOR			
G0392	MAINTENANCE OF HEMODIALYSIS	\$2,354.95	\$483.07	10/1/2008
	TRANSLUMINAL BALLOON	\$ <u>_</u> ,001.00	Ų 100.07	. 3, 1,2300
	ANGIOPLASTY, PERCUTANEOUS; FOR			
G0393	MAINTENANCE OF HEMODIALYSIS	\$1,787.46	\$308.38	10/1/2008
00000	ADMINISTRATION AND SUPPLY OF	ψ1,707.10	φοσο.σσ	10/1/2000
G3001	TOSITUMOMAB, 450 MG	BR	BR	7/1/2003
00001	1.00.1.0.1.0.1.0.1.0.0.1.0.0	Bit	Dix	17172000
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$28.50	\$28.50	7/1/2007
110001	BRIEF OFFICE VISIT FOR THE SOLE	Ψ20.00	Ψ20.00	17172001
	PURPOSE OF MONITORING OR			
M0064	CHANGING DRUG	\$37.03	\$16.75	10/1/2008
M0076	PROLOTHERAPY	BR	BR	3/1/1989
	INTRAGASTRIC HYPOTHERMIA USING	2:1		G/ 1/ 1000
M0100	GASTRIC FREEZING	BR	BR	3/1/1989
Q0035	CARDIOKYMOGRAPHY	\$21.14	\$21.14	10/1/2008
	INFUSION THERAPY, USING OTHER	*	,	
	THAN CHEMOTHERAPEUTIC DRUGS,			
Q0081	PER VISIT	BR	BR	1/1/1992
	CHEMOTHERAPY ADMINISTRATION BY			
	OTHER THAN INFUSION TECHNIQUE			
Q0083	ONLY (EG	BR	BR	1/1/1992
	CHEMOTHERAPY ADMINISTRATION BY			
Q0084	INFUSION TECHNIQUE ONLY, PER VISIT	BR	BR	1/1/1992
	CHEMOTHERAPY ADMINISTRATION BY			
	BOTH INFUSION TECHNIQUE AND			
Q0085	OTHER TECHIQUE(S)	BR	BR	1/1/1992
	DISEASE MANAGEMENT PROGRAM;			
	INITIAL ASSESSMENT AND INITIATION			
S0315	OF THE PROGRAM	\$65.00	\$65.00	1/1/2005
	DISEASE MANAGEMENT PROGRAM,			
S0316	FOLLOW-UP/REASSESSMENT	\$35.00	\$35.00	1/1/2005
	HOME INFUSION THERAPY, CATHETER			
	CARE / MAINTENANCE, NOT OTHERWISE			
S5497	CLASSIFIED;	BR	BR	1/1/2002



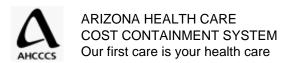
	рріїсавіе гакз/ргакз арріу.	NON FAC		
PROC	DESCRIPTION	RATE	FAC RATE	EFF DATE
		2008	2008	
	HOME INFUSION THERAPY, CATHETER			
CE 400	CARE / MAINTENANCE, SIMPLE (SINGLE	DD	DD	4 /4 /2002
S5498	LUMEN), HOME INFUSION THERAPY, CATHETER	BR	BR	1/1/2002
	CARE / MAINTENANCE, COMPLEX (MORE			
S5501	THAN ONE	BR	BR	1/1/2002
	HOME INFUSION THERAPY, CATHETER			
S5502	CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	BR	BR	1/1/2002
33302	HOME INFUSION THERAPY, ALL	DK	DK	1/1/2002
	SUPPLIES NECESSARY FOR			
S5517	RESTORATION OF CATHETER	BR	BR	1/1/2002
	HOME INFUSION THERAPY, ALL			
S5518	SUPPLIES NECESSARY FOR CATHETER REPAIR	BR	BR	1/1/2002
50016	HOME INFUSION THERAPY, PAIN	DK	DK	1/1/2002
	MANAGEMENT INFUSION;			
S9325	ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
00000	CONTINUOUS (TWENTY-FOUR HOURS	DD	DD	4 /4 /2002
S9326	OR MORE) PAIN MANAGEMENT HOME INFUSION THERAPY,	BR	BR	1/1/2002
	INTERMITTENT (LESS THAN TWENTY-			
S9327	FOUR HOURS) PAIN	BR	BR	1/1/2002
	HOME INFUSION THERAPY, IMPLANTED			
00000	PUMP PAIN MANAGEMENT INFUSION;	D.D.	DD	4 /4 /2002
S9328	ADMINISTRATIVE HOME INFUSION THERAPY,	BR	BR	1/1/2002
	CHEMOTHERAPY INFUSION:			
S9329	ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
00000	CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	-	55	4 /4 /0000
S9330	HOME INFUSION THERAPY.	BR	BR	1/1/2002
	INTERMITTENT (LESS THAN TWENTY-			
S9331	FOUR HOURS) CHEMOTHERAPY	BR	BR	1/1/2002
	HOME THERAPY, HEMODIALYSIS;			
00005	ADMINISTRATIVE SERVICES,			4 14 1000 4
S9335	PROFESSIONAL PHARMACY HOME INFUSION THERAPY.	BR	BR	1/1/2004
	CONTINUOUS ANTICOAGULANT			
S9336	INFUSION THERAPY (E.G.	BR	BR	1/1/2002
	HOME INFUSION THERAPY,			
00000	IMMUNOTHERAPY, ADMINISTRATIVE			4 14 10000
S9338	SERVICES, PROFESSIONAL	BR	BR	1/1/2002



Neserveu. A	pplicable FARS/DFARS apply.			
PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	BR	BR	1/1/2002
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES.	BR	BR	1/1/2002
	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES,			
S9342	PROFESSIONAL HOME THERAPY: ENTERAL NUTRITION	BR	BR	1/1/2002
S9343	VIA BOLUS; ADMINISTRATIVE SERVICES, HOME INFUSION THERAPY, ANTI-	BR	BR	1/1/2002
S9345	HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	BR	BR	1/1/2002
S9346	HOME INFUSION THERAPY, ALPHA-1- PROTEINASE INHIBITOR (E.G., PROLASTIN);	BR	BR	1/1/2002
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	BR	BR	1/1/2002
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	BR	BR	1/1/2002
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	BR	BR	1/1/2002
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI- EMETIC INFUSION THERAPY;	BR	BR	1/1/2002
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	BR	BR	1/1/2002
	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES.			
S9361	HOME INFUSION THERAPY, ANTI- SPASMOTIC INTRAVENOUS THERAPY;	BR	BR	1/1/2002
S9363	ADMINISTRATIVE	BR	BR	1/1/2002



DESCRIPTION HOME INFUSION THERAPY, TOTAL	NON FAC RATE	FAC RATE	
HOME INFLISION THERAPY TOTAL	2008	2008	EFF DATE
PARENTERAL NUTRITION (TPN); ONE	BR	BR	1/1/2002
•	Bit	DIX	17 172002
PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	BR	BR	1/1/2002
PARENTERAL NUTRITION (TPN); MORE	D.D.	DD.	1/1/2002
HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE			
	BR	BR	1/1/2002
HOME THERAPY, INTERMITTENT ANTI- EMETIC INJECTION THERAPY; ADMINISTRATIVE	BR	BR	1/1/2002
HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	BR	BR	1/1/2002
HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	BR	BR	1/1/2002
HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	BR	BR	1/1/2002
HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	BR	BR	1/1/2002
HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	BR	BR	1/1/2002
HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	BR	BR	1/1/2002
HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE			
HOME INFUSION THERAPY, CORTICOSTEROID INFUSION;	BR	BR	1/1/2002
ADMINISTRATIVE SERVICES,	BR	BR	7/1/2002
HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	BR	BR	1/1/2002
HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
	LITER PER DAY, HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS HOME THERAPY, INTERMITTENT ANTI- EMETIC INJECTION THERAPY; ADMINISTRATIVE HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN); HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	LITER PER DAY, HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER BR HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BR HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS BR HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS BR HOME THERAPY, INTERMITTENT ANTI- EMETIC INJECTION THERAPY; ADMINISTRATIVE BR HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN); BR HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL BR HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE BR HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN BR HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN BR HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, BR HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, BR HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; BR HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, BR HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; BR HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; BR	LITER PER DAY, HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS BR HOME THERAPY, INTERMITTENT ANTI- EMETIC INJECTION THERAPY; ADMINISTRATIVE HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN); HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THERAPY HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THERE LITERS BUT NO MORE THAN HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS BUT NO MORE THAN HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, BR BR HOME INFUSION THERAPY, HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, BR BR HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, BR BR HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, BR BR HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; BR BR HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;



PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	BR	BR	1/1/2002
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6	BR	BR	1/1/2002
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	BR	BR	1/1/2002
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	BR	BR	1/1/2002